

Work Order ID 64209

Tuesday, November 30, 2010 11:35:32 AM



Page 1

Item ID: D4076-2KGY

Accept



Setup Start



Revision ID:

Stop



Item Name: Rear, Overhead RH

Start Date: 11/30/2010 Start Qty: 2.00



Cust Item ID:

Required Date: 12/14/2010 Req'd Qty: 2.00

Customer:

Reference:

Run Start



Approvals: Process Plan: *W*

Date:

Tooling:

Date:

Stop



QC:

Date:

SPC (Y/N):

Date:

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D4076 | A |

100

0.00



HandThermo

Memo

0.00

Hand Finishing Thermoforming

1-Cut Sheet to required Blank size

2

Sh
10/12/2

105

0.00



HandThermo

Dry Material

Memo

0.00

Hand Finishing Thermoforming

Dry Sheet as per QSI022 KYDEX

Temp: 150°F

Time IN: 4:30 pm 10/12/1

Time OUT: 2:00 am 10/12/2

Sh
10/12/2

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
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NOTE: Date & initial all entries

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Page 2

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Required Date: 12/14/2010 Req'd Qty: 2.00



Customer:

Reference:

Run Start



Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 110 | Thermoform | 0.00 | | | | 2. | | | Lh. 10/12/2 |
| Thermoforming Machine | Memo 1-Machine Set-Up 2-Pre-heat Tool to required temp. 3-Thermoform as per Dwg and Folio #FTA085 using tool DT9258 Dwg Rev: <u>A</u> Folio Rev: <u>A</u> | 0.00 | | | | | | | |
| 120 | QC2- Inspect parts off machine FAI/FAIB | 0.00 | | | | 2 | | | Lh. 10/12/2 |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | Visually inspect part for proper formation and texture | | | | | | | | |
| 130 | QC8- Inspect parts - second check | 0.00 | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

Scanned

2

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
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NOTE: Date & initial all entries

Work Order ID 64209

Tuesday, November 30, 2010 11:35:33 AM

Page 3

Item ID: D4076-2KGY

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Setup Start

Revision ID:

Stop

Item Name: Rear, Overhead RH

Start Date: 11/30/2010 Start Qty: 2.00

Cust Item ID:

Required Date: 12/14/2010 Req'd Qty: 2.00

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

140



Hand Thermo

Memo

0.00

0.00

Hand Finishing Thermoforming

1-Trim to finished dimensions as per Dwg

2

DL
10/12/9

150



QC

QC2- Inspect parts off machine FAI/FAIB

Memo

0.00

0.00

Quality Control

Complete FAI document

2

B 10/12/04

160



QC

QC5- Inspect part completeness to step on W/O

Memo

0.00

0.00

Quality Control

S 10/12/13

2

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
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NOTE: Date & initial all entries

Work Order ID 64209

Tuesday, November 30, 2010 11:35:33 AM

Page 4

Item ID: D4076-2KGY

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Revision ID:

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Item Name: Rear, Overhead RH

Start Date: 11/30/2010 Start Qty: 2.00

Cust Item ID:

Required Date: 12/14/2010 Req'd Qty: 2.00

Customer:

Reference:

Run Start

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

170

Identify as per dwg & Stock Location: _____

0.00



Packaging

Memo

PP64209

0.00

Packaging

11/01/03 (2)

180

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

CK 11/01/04

U 11/01/03

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
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Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

Picklist Print

Tuesday, November 30, 2010 11:35:31 AM

Page 1

Work Order ID: 64209



Parent Item: D4076-2KGY



Parent Item Name: Rear, Overhead RH

Start Date: 11/30/2010

Required Date: 12/14/2010

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev. A New Issue 10/11/30 DL

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| MKYD6185S.080-P3- 52068 | | Purchased | No | | | 100 | sf | 393.5600 | 14.34 | 28.82412 | | | |



Kydex steel grey



Location

therm

Loc Qty

393.56

Loc Code

393.56

111807

28.82 sg At.

M.
10/17/2

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

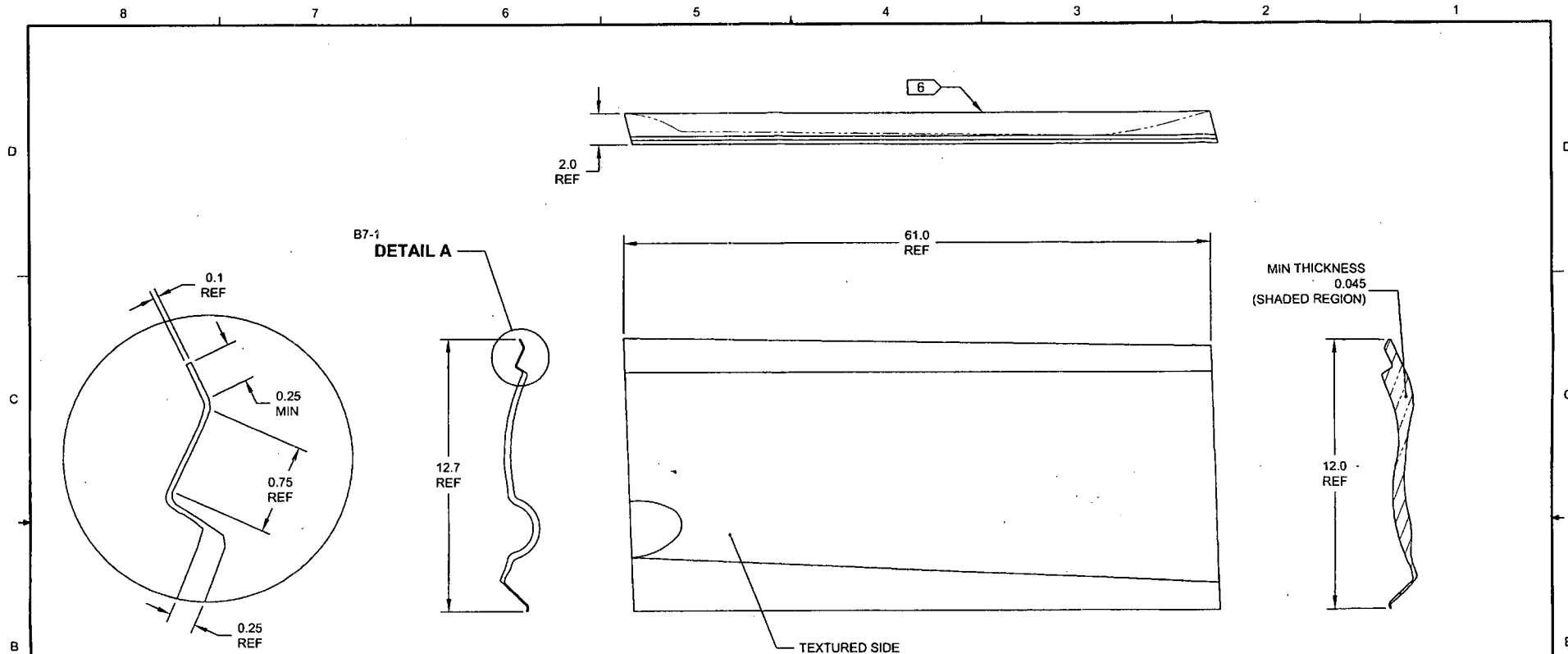
Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
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NOTE: Date & initial all entries

64209



D4076-1 REAR OVERHEAD, LH

RELEASED
2010-11-31

NOTES:

- 1) MATERIAL: SEE TABLE
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: DART P/N (SEE TABLE) PER DART QSI 044 6.4
- 7) WEIGHT: 2.7 lbs
- 8) TOOLING: THERMOFORM PER MOLD DT9257 PER DART QSI 022. TRIM PER MOLD
- 9) MINIMUM THICKNESS: 0.055" UNLESS OTHERWISE NOTED

| PART NUMBER | DESCRIPTION |
|-------------|--|
| D4076-1KIV | KYDEX 6185, 0.080 THICK, P3-VELOUR MATTE, IVORY #62015 (MKYD6185S.080-P3-62015) |
| D4076-1KGY | KYDEX 6185, 0.080 THICK, P3-VELOUR MATTE, STEEL GRAY #52068 (MKYD6185S.080-P3-52068) |

| | | | | |
|------------|-------------|--|-------------|--------------|
| A | NEW ISSUE | SC | 10.10.21 | |
| REV. | DESCRIPTION | | BY DATE | |
| DESIGN | SC | DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA | | |
| DRAWN | SC | | | |
| CHECKED | 4 | | DRAWING NO. | REV. A |
| MFG. APPR. | 4 | | D4076 | SHEET 1 OF 2 |
| APPROVED | 4 | | TITLE | SCALE |
| DE APPR. | 4 | REAR OVERHEAD (BELL 206 L/L1) | NTS | |
| DATE | 10.10.21 | COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS REPEAT AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD | | |

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

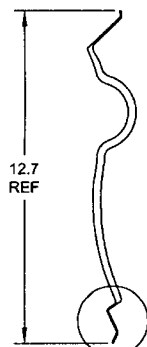
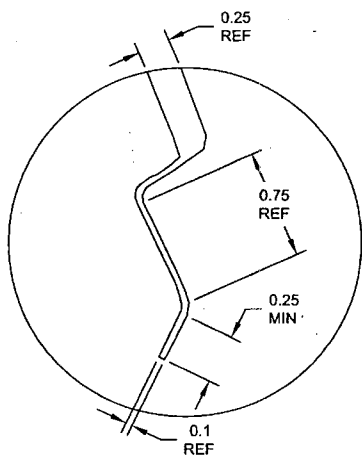
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NOTE: Date & initial all entries

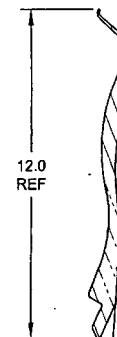
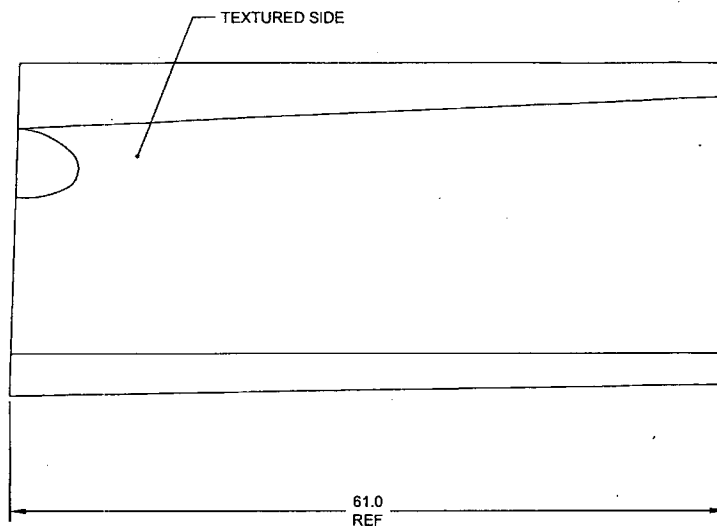
624209

DETAIL B

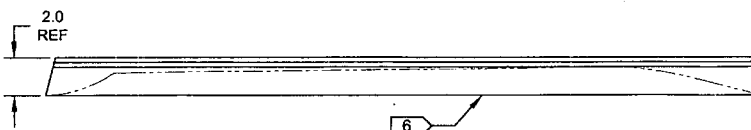
D7-2



DETAIL B
B7-2



MIN THICKNESS
0.045
(SHADED REGION)



D4076-2 REAR OVERHEAD, RH

RELEASED
2010-11-26

NOTES:

- 1) MATERIAL: SEE TABLE
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: DART P/N (SEE TABLE) PER DART QSI 044 6.4
- 7) WEIGHT: 2.7 lbs
- 8) TOOLING: THERMOFORM PER MOLD DT9258 PER DART QSI 022. TRIM PER MOLD
- 9) MINIMUM THICKNESS: 0.055" UNLESS OTHERWISE NOTED

| | | | | |
|-------------|--|------------|---|---|
| DESIGN | | SC | DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA | |
| DRAWN | | SC | | |
| PART NUMBER | DESCRIPTION | CHECKED | DRAWING NO. D4076 | REV. A SHEET 2 OF 2 |
| | | MFG. APPR. | | |
| D4076-2KIV | KYDEX 6185, 0.080 THICK, P3-VELOUR MATTE, IVORY #62015 (MKYD6185S.080-P3-62015) | APPROVED | TITLE | SCALE |
| | | DE APPR. | REAR OVERHEAD (BELL 206 L/L1) | NT |
| D4076-2KGY | KYDEX 6185, 0.080 THICK, P3-VELOUR MATTE, STEEL GRAY #52068 (MKYD6185S.080-P3-52068) | DATE | 10.10.21 | <small>COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD</small> |

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

| | |
|--|--------------------------------|
| DART AEROSPACE LTD | Work Order: 64209 |
| Description: REAR OVERHEAD RH. | Part Number: D4076-2K6Y |
| Inspection Dwg: D4076 Rev: A | Page 1 of 1 |

FIRST ARTICLE INSPECTION CHECKLIST
THERMOFORMING SECTION

| Description | Accept | Reject | Method of Inspection | Comments |
|---|--------|--------|----------------------|----------|
| Inside Radii less than _____" | ✓ | | | |
| Shape Definition | ✓ | | | |
| Texture Retention | ✓ | | | |
| Material imperfections such as bumps, cracks, voids, scratching | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Measured by: BB

Date: 10/12/14

TRIMMING SECTION

| Drawing Dimension | Tolerance | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|-----------|------------------|--------|--------|----------------------|----------|
| 61.0 | REF | 61.375 | | | | |
| 12.7 | REF | 12.8 | ✓ | | | |
| 12.0 | REF | 11.875 | ✓ | | | |
| .25 | Min | .375 | ✓ | | | |
| .045 | Min | .068 | ✓ | | | |
| .055 | Min | .067 | ✓ | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Measured by: BB

Date: 10/12/14

Audited by: S

Date: 10/12/15

Preliminary Approval:

Date:

| Rev | Date | Change | Revised by | Approved |
|-----|----------|----------------------------|------------|----------|
| B | 10.04.14 | Added preliminary approval | KJ | |

10.04.14